



# MISSOURI

## DIVISION OF MEDICAL SERVICES

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[www.dss.state.mo.us/dms](http://www.dss.state.mo.us/dms)

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### Ambulance Bulletin

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the [DMS Website](http://www.dss.state.mo.us/dms).

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

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### MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

### 2003 HCPCS CHANGES

Effective July 1, 2003, Missouri Medicaid will begin accepting the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS). The 2003 procedure codes have an effective date of July 1, 2003.

Providers may begin billing the 2003 CPT or HCPCS codes with appropriate modifier(s) for dates of service on or after July 1, 2003. A transition period will be given to allow time to make necessary changes. Providers may bill the old code through September 30, 2003. Claims for

dates of service on or after October 1, 2003 must be submitted using the new 2003 CPT or HCPCS codes and modifiers. Claims submitted October 1, 2003 and after for dates of service prior to July 1, 2003 must be submitted using the old procedure codes and modifier(s).

Claims for both the old and new procedure codes must not be submitted for the same date of service for the same recipient during the transition period.

Changes, which occurred as a result of the update, include additions, deletions, and replacement of procedure codes including elimination of state specific level III procedure codes and modifiers. See attachment A for a list of codes and modifiers.

Copies of the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS) may be purchased from your local medical bookstore.

### **HEALTHY CHILDREN AND YOUTH (HCY) SERVICES**

Missouri Medicaid covers non-emergency, medically necessary ambulance services for recipients under 21 years of age (except ME code 76) through the Healthy Children and Youth (HCY) Program. Non-emergency transport by ambulance is only covered if it is medically necessary and any other method of transportation would endanger the child's health. For example, if the child is in a full body cast or has a tracheotomy requiring ventilatory assistance, transport by ambulance would be appropriate. A trip ticket must be attached to the claim that documents that the ambulance trip was medically necessary. HCY services were previously identified by an "YG" modifier. The "YG" modifier must be replaced with the "EP" modifier. Any ambulance trip that is not defined as an emergency in the Missouri Medicaid Ambulance Manual, Section 13.3.A, but is medically necessary for a recipient under 21 years of age *must* use the "EP" modifier with the applicable ambulance procedure code. Transports for recipients under 21 years of age which meet the definition of an emergency *must not* use the "EP" modifier.

#### **Billing Reminder / HCY Ground Ambulance**

When medically necessary transportation by ambulance is provided for a recipient under 21 years of age and the trip does not meet the definition of an emergency as defined in the Missouri Medicaid Ambulance Manual Section 13.3.A, the "EP" modifier *must* be used. When the trip meets the definition of an emergency, the "EP" modifier *must not* be used.

If a recipient under 21 years of age needs to be transported from one hospital to another for treatment or specialized testing and the transfer meets the criteria as stated in Sections 13.3.L-13.3.O of the Missouri Medicaid Ambulance Manual, the trip is covered. In these cases, the "EP" modifier is not used. The appropriate modifier is the hospital to hospital (HH) or the specialized testing and treatment (HD) modifier.

### **ADVANCED LIFE SUPPORT SERVICES, NO SPECIALIZED SERVICES RENDERED**

With the implementation of the 2003 HCPCS procedure codes, the current procedure codes A0368 (ALS transport, no specialized services rendered, mileage and supplies billed separately) and A0368 YG (ALS transport, no specialized services rendered, mileage and supplies billed separately-HCY) will be replaced by Q3019 (ALS emergency transport, no ALS services) and

Q3019EP (ALS emergency transport, no ALS services-HCY). The Maximum Allowed Amount will continue to be \$125.00.

### **ADDITIONAL PATIENTS**

With the implementation of the 2003 HCPCS procedure codes, the current state specific level III procedure code Y0022, used to bill for additional patients for a ground ambulance, will be reported with the modifier GM. Instead of using the procedure code Y0022 for additional patients, the modifier GM will be added to the applicable ground ambulance base rate. The Maximum Allowed Amount will be \$20.00 per additional passenger.

### **IV SET UP AND FLUIDS**

With the implementation of the 2003 HCPCS procedure codes, the current level III procedure codes for IV set up and fluids, Y0025 and Y0025YG will be replaced with A0999 (*Unlisted Ambulance Service-IV set up and fluids*). The Maximum Allowed Amount will continue to be \$10.00.

### **EKG TRANSMISSION**

With the implementation of the 2003 HCPCS procedure codes, the current level III procedure codes Y0029 (*EKG Telemetry Transmission*) and Y0029YG (*EKG Telemetry Transmission-HCY*) will be replaced with 93040 (*Rhythm ECG with report*). The Maximum Allowed Amount will be \$11.50.

### **MILEAGE PROCEDURES**

Currently there are two levels of mileage codes, advanced life support (ALS) and basic life support (BLS). Effective July 1, 2003 the codes A0380, A0380YG, A0390, and A0390YG will be combined into the codes, A0425, and A0425EP. The Maximum Allowable for A0425 and A0425EP will be \$2.50 per mile after the first five miles.

#### **Provider Communications**

**(800) 392-0938**  
**or**  
**(573) 751-2896**

Attachment A

<b>DELETED CODE</b>	<b>REPLACEMENT PROCEDURE CODE</b>	<b>MAXIMUM ALLOWABLE AMOUNT</b>
A0427YG	A0427EP	\$152.00
A0429YG	A0429EP	\$ 80.00
A0431YG	A0431EP	\$450.00
A0433YG	A0433EP	\$163.00
A0436YG	A0436EP	\$ 2.50
A0368	Q3019	\$125.00
A0368YG	Q3019EP	\$125.00
Y0022	Q3019GM	\$ 20.00
Y0022	A0427GM	\$ 20.00
Y0022	A0429GM	\$ 20.00
Y0022	A0433GM	\$ 20.00
Y0029	93040	\$ 11.50
Y0029YG	93040	\$ 11.50
Y0025	A0999	\$ 10.00
Y0025YG	A0999	\$ 10.00
A0380	A0425	\$ 2.50
A0380YG	A0425EP	\$ 2.50
A0390	A0425	\$ 2.50
A0390YG	A0425EP	\$ 2.50